superior portion of the spinal marrow, the functions of which they impeded. The lingual nerve was normal; the left glosso-pharyngeal appeared to have been compressed—the patient towards the close of life had had paralysis of the organs of deglutition.—*Rev. Méd. February and March*, 1833.

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6. *Instance of Superfœtation.*—A married woman, aged twenty-two, was delivered January 25th, 1832, in the Lying-in Hospital, at Berlin, of twins. The children were both girls, and died in two hours after birth; their birth took place before the end of the seventh month from the date of pregnancy. One child was white, the other evidently a half caste, as was indicated by the shape of its head, and by the colour of its face, hands and feet, which resembled that of persons who have been tinged by taking nitrate of silver in large doses. The same difference of colour was strikingly evident in the umbilical cords of the infants! but not in the membranes of the placenta. On inquiry it appeared that she was in habits of intimacy with a negro, shortly after or at the time she had conceived by her husband.—*Dublin Journal, Hecker's Annales.*

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7. *Life and Respiration continued After the total Destruction of the Brain.*—A deformed woman was delivered with the crotchet in 1828. In 1830, she again became pregnant, and it was resolved after fruitless trials with the forceps to effect delivery by destroying the child's head. Doctor Beyer performed this operation, took away both parietal bones, entirely emptied the cranium of brain, and then extracted the infant, which was wrapped in a towel, and laid near the stove. Dr. B. being engaged in endeavouring to extract the after birth, heard a sort of wimpering issue from the place where the child lay. In about three minutes the child uttered a distinct cry, when Dr. B. opened the cloth, and was astonished beyond measure at finding the brainless infant breathing, and moving both hands and feet; an occasional cry, and the other signs of life continued for several minutes, when the infant at last died.—*Ibid.*

PATHOLOGY.

8. *Case of Anœmia of the Kidney.* By James Wynn, Esq.—The following case of anœmia of the kidney lately came under my observation, and was remarkable from the circumstance of its not having presented any symptoms, which could have led to a suspicion of the organic changes which must have been going on for a considerable time previous to death.

January 13th. J. B., aged 50, a weaver. There is extensive œdema of the trunk, face, and limbs, and particularly of the scrotum, which measures sixteen inches in circumference. States that he had been labouring under more or less œdema of the legs for three years, but that it was only within the last three months that the swelling of the belly and scrotum appeared. The principal symptoms which attracted attention were the universal anasarca above mentioned, increased action of the heart, accompanied with bellows murmur, and very loud bronchial respiration in the upper and anterior portion of the left lung. These symptoms continued with very little alteration, excepting some diminution of the swelling of the scrotum from the use of elaterium, for about a week, when attention was directed to the state of the urethra, on account of his complaining of making water very frequently in small quantities, and attended with difficulty and pain in passing it. Upon attempting to introduce a catheter, a stricture was discovered near the bulb of the urethra. By the use of the catheter, leeching, &c. he was enabled to make water a little freer, and with less pain, but this amelioration was of short duration. Vomiting, of a grayish fluid, came on a few days afterwards, accompanied with extreme debility, and which symptoms continued with little intermission until his death, which took place shortly afterwards.

Necrotomic examination—Chest.—Left ventricle of the heart considerably hypertrophied without dilatation, and a similar state of the right, but not to so great an extent. Lungs gorged with serum, and the upper portion of the left lung considerably advanced in the first stage of hepatization. *Abdomen*—Peritoneum contained about six ounces of fluid. Liver, stomach, spleen, and intestines, apparently quite healthy. Both kidneys were of an unusually pale colour, and upon making incisions through them, their cortical portions were found to have degenerated into a fibro-cartilaginous substance of a pale-yellow colour; the tubular portions were quite sound, excepting one or two points where a few of the uriniferous tubes appeared to have taken on the same diseased action. Mucous membranes of the calyces and pelvis were of a natural consistence, and no where injected. Bladder very much contracted, and contained a small quantity of turbid urine; sub-mucous cellular tissue indurated and thickened to the extent of a quarter of an inch; mucous membrane very much injected, but of the natural consistence. Prostate gland—texture *quite* natural, size *normal*—a firm old stricture was discovered in the membranous portion of the urethra, and the remains of a false passage.—Head not examined.

Remarks.—This case, as thousands of others have done, proves the fallability of general signs, and the superiority of physical, as shown by the appearances found in the chest, and those in the abdomen. The former were indicated before death, but the affection of the kidneys presented no signs, by which any notion could have been formed respecting the nature of the lesions discovered on inspection. It is satisfactory, however, to learn, that even if the precise nature of the disease could have been discovered, medicine would have been of little avail, at least when the structure of the kidneys had become so extensively diseased as it must have been at the time he applied for medical assistance; although, it is probable, the disease might have been arrested, could it have been discovered and properly treated at the outset. The original cause of this affection I consider to have been the habitual dysuria produced by the stricture, and which ultimately led to atrophy of the kidneys from the mechanical impediment it must necessarily have caused to the functions of those organs. That the lesions were owing to anœmia and not irritation, I think probable, from the circumstance of the mucous membrane and tubular portion of the kidneys being quite healthy, whilst the *secerning* portions were perfectly bloodless.—*Glasgow Med. Journ. April,* 1833.

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9. *Case of Hypertrophy of the Muscular Coat of the Stomach.*—Dr. Otto, of Annaberg in Saxony, relates in *Hufeland's Journal,* for Feburary, 1833, an interesting case of hypertrophy of the muscular coat of the stomach, a pathological condition of rare occurrence. Morgagni, Haller, Baillie, do not mention it. Meckel in his Pathological Anatomy, only observes in a general manner, that the parietes, especially the muscular coat of the stomach of great eaters, are thick. Beclard in his additions to Bichat's General Anatomy, does not notice this kind of hypertrophy, and speaks only of that of the heart and bladder. Louis has noticed this subject more particularly than any other French writer, in his Anatomico-pathological Researches. When treating of cancer of the pylorus, he quotes two cases of hypertrophy of the muscular coat of the stomach, which he compares to the parietes of the ventricles of the heart, the fasciculi were prominent; in both cases there was scirrhus of the pylorus, and M. Louis proposed the question, whether the contraction of the duodenal orifice of the stomach was the cause of the hypertrophy. In the following case there was neither scirrhus nor contraction of the pylorus, and the opinion of M. Louis that these two diseases are independent on account of the frequency of the one and the rarity of the other, is confirmed.

A woman, forty-nine years of age, thin, sanguineous temperament, mother of several children, had experienced many domestic troubles, from which she endeavoured to distract her mind, by indulging her appetite for eating, which became incredibly voracious. In the summer of 1827, she complained of periodical dyspnœa, and swelling of the right foot; her menses ceased; she became emaciated; her appearance was that of a person in bad health. Nevertheless, she had no tumefaction of the abdomen, nor pain there on pressure; her appetite was good; evacuations regular; tongue clean, and she never complained of nausea, borborygmy, hiccup, or laborious digestion. The respiration was easy, pulsation of the heart feeble, the pulse normal. She was remarkably depressed in spirits. The predominant symptom consisted in a periodical dyspnœa, which recurred every evening, sometimes even during the night, and produced a sensation of weight in the lower part of the abdomen, which rose up like a ball towards the heart, and impeded her breathing. These symptoms continued for six or eight minutes, and always a long time subsequent to a meal. Their intensity became so great, that the patient was at times delirious; she even at one time attempted to hang herself. At the commencement of winter the emaciation made alarming progress, without the appetite being diminished, or the digestion deranged, and although the patient was so enfeebled, that she could not quit her bed. The violence of the paroxysms constantly increased; the marasmus took place, with subsultus tendinum, weakness of the organs of sense, coma, loss of sensibility, delirium, and finally, death on the 19th of December, 1827.

Autopsy, ten hours after death.—The pectoral organs were healthy; the heart small; the pericardium contained a little serosity; omentum wanting; liver and spleen normal; stomach shrivelled and thickened, especially towards the pyloric region, and along the larger curvature, which appeared less extended than the smaller; its blood-vessels empty; its mucous membrane thin, almost translucent, ordinary consistence, covered with a viscid and thick mucus, elevated by numerous muscular fasciculi, the size of a goose-quill, the direction of which was from the great cul-de-sac to the pylorus. These gave to the internal face of the stomach the appearance of that of the heart. Beneath these fasciculi the muscular coat formed a layer of half an inch in thickness. The remainder of the intestinal canal was in a normal state, as were also the urinary passages. This case is interesting in a double point of view; 1, in a pathological aspect, connecting the stomach with other muscular sacs; 2, by the almost total absence of symptoms referrible to the digestive organs.—*Rev. Méd. Aug.* 1833.

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10. *Observations on Epidemic Gastric Fever, as it appeared in Limerick Garrison during the months of May, June, and July,* 1833. By Richard Poole, Esq. Assistant-Surgeon 32d Regiment.—Affections of the alimentary canal were the prevailing disorders in the 32d Reserve, during the period of its being quartered in Limerick; but it was not until the subsidence of the influenza, that any examples of gastric fever made their appearance. Before this, one or two sporadic cases of an inflammatory type had occurred; but in these no decided evidence of gastro-enteric character existed. Besides, as the treatment, apparently the best adapted for these, would have had less beneficial effects in the complication mentioned, it is but fair to infer, that the alimentary canal was not the seat of any lesion that could have influenced their character; and it is singular, too, that, even during the time cholera existed in the garrison, some fevers, without any gastric complication, made their appearance.

Be it remarked, then, it was not until the influenza had existed for some time, and was on the decline, that a change in the type of the fever was observable; and that it is from this period I date the commencement of the epidemic which it will be my task in the following pages to describe.

It is not necessary for me to mention here the frequent instances on record of gastro-enteric fever, and diseases following the march of this singular affection. They are well known to most of the older practitioners who have paid any attention to epidemic constitution, and are amply detailed in the article Influenza published in the Cyclopædia of Medicine, to which I refer. It is equally unnecessary for me to give the *rationale* of their connexion. This must strike any one who considers the similarity of the textures concerned, especially as, of late, attention has been much paid to the sympathies existing between the two membranes, and to the facility with which disease in the one is extended to the other. The article on Epidemic Gastric Fever by Dr. Cheyne, in the work alluded to, is a valuable summary of most of the facts connected with the disease; and nothing would induce me to go over nearly the same ground, but the wish to adduce further testimony to the truths it contains,—and some anxiety to impress upon the attention of my professional brethren in this country, the necessity of admitting the existence of a class of diseases which requires a plan of treatment very different from any promulgated by the authorities on whom they have been long in the habit of placing exclusive reliance.

That the disease in question depends upon a lesion of the gastro-enteric mucous surface, I conceive to be as probable as the connexion between *pneumonia* and its symptomatic fever; and, although I cannot bring forward necroscopic appearances to elucidate the position,—none of the cases having proved fatal,—I consider the relative proofs so strong, that I do not hesitate in giving to the disease the name here fixed,—believing that, under this, it is deserving of a place in any system of nosology founded on a pathological basis. Its similarity to the disease described by Dr. Cheyne, who gives several dissections, is further evidence of the correctness of this view.

Most of the cases which came under my observation presented, before the disease was unequivocally developed, considerable general disturbance, but by no means of a nature to excite apprehension of its invariable results,—being confined in a great measure to lassitude and prostration,—the patients complaining of general uneasiness, without being able to point out one sensation more uncomfortable than another. They were heavy, dull, and listless,—hanging over the fire,—feeling chilliness at one time, and irregular distribution of heat afterwards, with loathing of food, and frequent inclination for cold drinks, from the dry and parched state of the mouth. This was generally greatest in the morning. The complexion was usually dusky, all trace of sanguification being gone from the cheeks, and often from the lips. These disagreeable symptoms lasted for several days, and were soon followed by the development of fever, which was most complete towards night. The pulse averaged at 110; was sometimes tense, but generally soft and full. The skin became remarkably dry and harsh; moisture was never observed on it; and, in some cases, it assumed a degree of roughness similar to what is observed in chronic affections of the gastro-enteric organs. The patients became more and more depressed, and were overpowered by an apathy to external objects or ordinary impressions; and, though even now they scarcely complained, except, perhaps, of weakness, the whole expression showed amply the extent to which the disease had overcome their energies. As the fever may be now reckoned at its height, it will be better, for the purpose of elucidating its nature, to take a view *seriatim* of the symptoms, as referable to their respective localities.

I think it will be proved, in the course of this memoir, that the symptoms which might be termed cerebral were merely functional or sympathetic; but, to make the history as complete as possible, I shall mention, in the first place, all of them that may be attributed to an irritation of the *sensorium*. The most remarkable of these was profound torpor. The patient lay without exhibiting any evidence of intellect remaining,—the eyes were closed, and only sluggishly opened when he was addressed,—a few incoherent words were uttered at first, and as it were at random,—but presently he became roused, and answered questions as distinctly as the dry state of the mouth would permit. There was now complete return of consciousness, and the patient described with correctness his situation and feelings. In one case only, a man of the 83d Regiment, was there total insensibility, with picking the bed-clothes. Some complained of confusion in the head, giddiness when it was raised from the pillow, with noise and buzzing in the ears. Deafness was also observed. In one, twitching of the lips and slight contortion of the mouth were detected; but these, I think, were almost entirely occasioned by the intense dryness of the fauces. Pain in the head was seldom complained of, and certainly was not felt at all by many, while giddiness and beating were often mentioned. The eyes was never injected, but dull and heavy; the cheeks seldom flushed,—the complexion being generally of an earthy-yellow cast.

All these symptoms, I am induced to believe, were entirely due to sympathetic excitement, and in no case appeared to depend on structural lesion. They become worthy of some special consideration, with a view to tracing their dependence on derangement existing in another situation. To this, however, I shall refer in its proper place.

The chest, examined by the stethoscope, afforded in every case, during the pyrectic stage, numerous sibilant and sonorous rattles; but I generally found these disappear, without being followed by others, or any symptoms of bronchial disease. In some cases, however, they were attended by cough and expectoration, but never with pain; and in several I found benefit result from treating this affection locally,—a fact which I might readily have overlooked, but for the stethoscopic observation.

From these circumstances, and many others which I need not detail here, I think the stethoscopic signs deserving of attention, in showing the intensity of the disease when taken along with the symptoms; but I safely can state, that I usually considered the former of little importance, when not accompanied by other evidence of disease, and that I never had cause to regret having done so. Laennec probably carried his views on this point too far, and I hold the profession indebted to Dr. Graves for having sometime ago drawn their attention to the subject, and shown the errors into which we may fall by placing too much reliance on the signs furnished by auscultation during the progress of certain fevers.

But to proceed. The pectoral symptoms, when they did appear, were never serious. Some cough, with varied expectoration, might occur in the morning; but there never was any thing like profuse secretion from the bronchial membrane, and in none of the cases did the *parenchyma* or its investments suffer.

A *gastro-enteritis* being, so far as I can determine, the immediate cause of the phenomena observable in this disease, the symptoms ascribable to the disordered *viscera* demand the greatest attention. Yet with all this, an observer might overlook the seat of the whole mischief, and be led to consider a disease essentially specific, and requiring a distinct plan of treatment, as either of no importance, or similar to others which he is daily in the habit of meeting. A most mischievous and absurd blunder about pain at *epigastrium*, red tongue, &c. as characterizing gastric complication in different diseases, has been of late freely promulgated; and one is almost tempted to understand, that inflammatory affections of the muco-enteric surface have been specially favoured in being made so palpable to our powers of discrimination. But, however *decided* ignorance may be in its dogmas, any one who has paid attention to the diseases in question cannot but state, that their symptoms are far from being so glaring, and, from out of the innumerable variety exhibited, will fail in pointing out any one or two as pathognomonic. In none of the numerous disorders produced by this lesion are the symptoms so varied and obscure as in the one before us; and it is only from their assemblage, and not from any one in particular, that a diagnosis can be made. For example, in not one of the cases did there exist tenderness at the *epigastrium*, or any other part of the abdomen. Pain and weight, indeed, were often felt, but they were by no means constant, and depended most frequently either on distention from wind, or the soreness that attends a loose state of bowels.

Diarrhœa invariably ushered in the complaint, and frequently reäppeared during its course; but the bowels were at other times slow, and required to be unloaded. Every medicine in this way, however, required to be of the mildest nature, as even the gentlest laxative produced often violent effects. The fecal discharges were varied;—in some they appeared wholly serous or mucous; in others natural, but liquid. Various intermixtures of colouring matter were frequent;—in some blood; in others bile; and, in a case in the 83d Regiment, what might be termed mælena. In this case, large quantities of calomel and Cayenne pepper had been given by a practitioner in the country, who, fortunately for the patient, considered his case bad enough to have him removed to head-quarters. Griping was a frequent attendant, but *tenesmus* was not observed. Vomiting of *bilious*-looking matter occurred in one case; but the stomach was generally retentive, though nausea was by no means unfrequent. Complete *anorexia* existed for many days. The patient obstinately refused to eat any thing,—appearing to loathe the sight of food, or the idea of using it.

Thirst was incessant, cold drinks being greedily asked for, and relished; whereas any thing warm was as much an object of aversion as food. The mouth for many days was dried up, and parched to a remarkable degree; the fauces, gums, and tongue were red and glazed, as if covered with gold-beater's skin; the latter, during the course of the fever, became hard, dry and chopped, enveloped with a firm dark brown or black fur, and bleeding from its numerous fissures, when protruded from the mouth, which was done often, only with difficulty. This state of the tongue was very constant, and lasted until the fever was on the decline. The dryness of the fauces, as I mentioned before, was the cause of the deficient power of enunciating which existed in all the cases. I was led at first, however, to look upon it in another and more serious light.

To the state of the stomach and bowels must also be referred the constant prostration and feeling of languor and helplessness which characterized the attack; and I cannot but believe, that the torpor observed in many was but a high degree of this feature. The value of determining the point can only be appreciated by taking into consideration the readiness with which it may be confounded with *coma*, and attributed to structural derangement of the brain, or its membranes. In two of the cases in which it was most evident, a man of my own corps, and one of the 83d Regiment, in which it was attended with involuntary discharge of fæces, total insensibility, picking the bed-clothes, and other ataxic symptoms, it was entirely removed by copious leeching of the abdomen, and cold drinks,—with small doses of *Acet. Morph.* in the latter case; in which, had it been occasioned by sensorial lesion, it would surely have been increased by the opiate. In the former case, the assumed debility and prostration were so intense, that the patient could scarcely turn in bed. Yet, after the second or third leeching, he recovered so much, that, on awaking from sleep, and probably dreaming of other days, he got out of bed, put on his clothes, walked down stairs, and was found at the door of the hospital by the hospital-sergeant, whom he told he was going by my leave to visit his mother in an adjoining county.

These facts, with others which I need not detail here, serve to show that prostration and torpor are but shades of the same disorder; and that, whenever they exist, we are warranted in believing the gastro-enteric surface the seat of more or less inflammatory action. They are, however, by no means new, having been brought before the profession some time ago by M. Broussais, since confirmed by the researches of Andral, and, if less known in this country than they deserve, which I think scarcely admits of a question, it is the fault of a few to whom for a long time a blind deference has been paid by the mass of practitioners. This, however, is not the place for a discussion of the subject.

The duration of the stage, characterized by the preceding symptoms, varied, of course, in different cases, but on an average, may be stated to have lasted from a week to ten days. In all of them was observed great tendency to muttering during sleep; and several of the patients got up while asleep, and attempted to leave their wards. The pulse varied but little, either in frequency or force,—being often for days 130, but seldom under 100. In this fever, no critical discharges were ever observed; the symptoms gradually declined in severity; the skin became softer and cooler during the day, but evening accessions were observed for some time afterwards; the tongue got daily more moist,—the dry patches disappearing, and being replaced by a creamy deposit, which I always looked upon as the harbinger of recovery. In some cases, this became dry and scaly, from some fresh irritation; but in some of them it slowly went off, leaving the tongue remarkably white, and as it were firmer and closer, from being decreased in volume. The thirst abating, some appetite was felt; but it was never craving or vocarious, and was readily satisfied by light farinaceous diet, which the patient invariably relished more than any other that was offered. The cough generally went off about the same time; the bowels became easy and regular, and seldom required during recovery, assistance from medicine. Convalescence was tedious and protracted, but in no case was there any relapse.

The duration of the attack averaged from five weeks to two months. As I stated before, no death occurred in any of the cases that came under my observation, which included a squadron of dragoons, the 32d Reserve, and 83d Regiment; but I was given to understand that the son of an officer belonging to another corps sank under a protracted attack. Some cases of fever of a like character prevailed in town; but I cannot state any thing concerning their progress or termination.

Treatment.—General bleeding was adopted in several cases at the commencement, with a view to cut short the disease by making an impression on the system, and to pave the way for local depletion; but I cannot state that in any it appeared to fulfil the intention. In no case, however, did it seem to do harm, as the quantity abstracted was never great. My conviction is, it might have been safely dispensed with in all, as the *phlegmasiæ* of mucous membranes, and especially of the enteric, appear to be little under the influence of the general circulation, and few of them ever excite any violent action of the heart, which demands the use of this remedy. But for all this, cases often occur in which the general excitation is great, and in these, general depletion is undoubtedly required, as the attempt to unload the capillaries must be always futile when the centre of circulation continues over-active. I might digress here to some length, as the subject is an interesting one; but the object of this memoir being merely to describe facts and occurrences, any thing like discussion is contraindicated.

Suffice it to say then, that none of the cases exhibited any great vascular excitement, and that the general bleeding was perhaps used more from speculation than cogent reason. Local depletion was in all of my own cases freely used when the disease was pronounced, and different parts of the abdomen were at times selected for this purpose. When much diarrhœa existed, the position of the lower end of the *ileum* and course of the colon was chosen,—the region of the *duodenum* in one, in which there was much yellowness of the skin and *conjunctivæ;* and in most of them, at one time or another, the *epigastrium,* without being demanded by any of what have been looked upon as specific gastric symptoms. Leeches were always used, as cupping is generally more irksome to the patient, and frequently a less efficacious means of procuring blood. From this remedy the best effects were produced,—in most of the cases a marked improvement following each application. The extent to which it was carried was regulated of course by the demand. In some cases, as of men belonging to other corps, in whom the treatment had been conducted from the beginning on different principles, and who presented the worst symptoms observed in the disease, copious leeching was invariably followed by an almost immediate change for the better, and it was from this period alone that the recovery might be dated. I can therefore safely state, that, on this remedy, I chiefly depended as a means of reducing the local affection, after which the progress of recovery was uninterrupted.

Different counter-irritants were likewise applied to the abdomen, as emetic tartar ointment, any of the ethers, turpentine, &c. the former frequently with good effects in restraining diarrhœa, and the others in relieving the sensations of uneasiness complained of.

Counter-irritation on the chest was freely used during the existence of the pectoral symptoms. Tepid and even cold sponging was plentifully used, and always produced grateful and salutary effects. The loose state of the bowels at the commencement precluded every thing in the form of purgative; but during the course of the disease, attention was paid to procuring daily evacuations by laxatives or *enemata*. This affection, as Dr. Cheyne truly observes, is not a fever that requires any thing like a purgative plan of treatment,—all that is demanded being merely the emptying the contents of the canal, which is to be done only by the mildest remedies.

As adjuncts to local bleeding, in allaying the irritation of the membrane, and quieting the different uneasy sensations that occurred, I found many of the sedative medicines beneficial, and when used with caution and due regard to the condition of the patient, I can safely say, that even under circumstances which might be accounted as contraïndicating their employment, they always appeared to me to be followed by excellent effects. The medicines of this class chiefly used were hyoscyamus, or the acetate of morphia. The former, in almost every stage of the disease, produced quietness and relief to the local pain; it in some instances gently moved the bowels, and frequently in full doses produced a quiet night's rest, without being followed by disagreeable sensations next morning. Combined with any of the gum solutions, but especially the tragacanth, it formed an excellent lenitus for allaying the cough, and even in this form, appeared often to relieve the irritation attending the diarrhœa. The morphia was used in several severe cases in the 83d Regiment, even under the worst of the *cerebral* symptoms, with good effects, and in no instance appeared to increase them. I used it in several cases in the 32d Regiment, and found that it frequently procured good nights without any bad effects; but in others, observing the tongue in the morning more parched, I was naturally led to substitute for it the hyoscyamus, which never occasioned any change in the secretions. In advanced cases, it answered better, particularly if there was troublesome diarrhœa.

During the whole course of the fever, the patients drank freely of cold acidulated mucilages, which relieved their thirst in a way most grateful to their feelings. During the first week or fortnight, abstinence was both enjoined and voluntary; but, on the return of the appetite, mild farinaceous diet was allowed, and the patients by degrees, as the fever declined, returned to the use of more nourishing food. In some, a little wine or malt liquor was allowed during convalescence; but they were not generally required.

I may conclude by saying, that the treatment adopted, with the exception of the depletory measures, was essentially expectant;—in fact, there were but few symptoms to combat, and I took care, as far as possible, to develope no new ones,—a care, in which, as there never appeared any of those alarming and sudden phenomena so peculiarly observed under different circumstances, I have some cause to believe I succeeded.—*Edin. Med. and Surg. Journ. January*, 1834.

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11. *Paraplegia Dependent on Chronic Inflammation of the Spinal Cord.*—Dr. Craigie has recorded the following interesting case of this affection in our esteemed cotemporary, the *Edinburgh Medical and Surgical Journal*, for January last. This case occurred in an unmarried female, thirty-five years of age, who had been in hospital about twelve months previously, with symptoms of *hemiplegia*, which had partially disappeared after treatment of some weeks' duration, but left a degree of inability to walk, in consequence of an involuntary spasmodic contraction of the flexor muscles of the thigh. Some months after she complained of a sense of weakness, and constriction referred to the lumbar region; and about a month before admission, (*i. e.* about the 25th February,

1833,) she began to complain of inability to move the left lower extremity without dragging it, and a sense of numbness from the lumbar region downwards, and also in the left iliac region. At the period of admission on the 25th March, she complained much of the involuntary spasmodic traction of the flexor muscles, which, with a sense of painful distention round the belly, was so considerable, as to disturb her nights and prevent sleep. The appetite was stated to be good, the general health not affected. The pulse, however, was from 80 to 90, the skin hot and dry, and the tongue covered with a brown dry fur. The intellectual functions were unimpaired, and the urine and feces passed naturally. The whole vertebral column bore pressure and warmth without uneasiness; and there was no deformity or change in direction.

As I was convinced, from the symptoms now enumerated, that the spinal chord or envelopes were the seat of a chronic inflammatory process, I ordered blood to be drawn from along the course of the dorsal and dorso-lumbar region of the spine by leeches and cupping, the bowels to be emptied by the compound colocynth pill and calomel, and occasionally by croton oil, aloes, and calomel.

An attack of shivering, with sickness and vomiting, succeeded by heat, quick pulse, general pains, and an aggravation of the spasmodic attacks, made me dread the accession of an acute form of the complaint, and induced me to order a general blood-letting to the amount of eighteen ounces, to be followed by a dose of infusion of senna and the saline mixture; and, as the blood was much buffed and cupped, and she bore the evacuation well, twelve ounces more were drawn in the evening; the bowels were freely opened by cathartic medicine, and blood was drawn from the ileo-lumbar region, to which much pain was referred, by means of leeches. Under the use of these agents she was less distressed with the spasmodic contractions, and she thought that she had more command of the lower extremities. Rose, which, however, all this season was prevalent in the hospital, appeared on the back and belly, and added much to her sufferings. On the 6th, she complained much of tension and constriction of the belly, the stools were passed unconsciously, and the bladder had lost its contractile power, requiring the urine, amounting occasionally to six pounds, to be withdrawn by the catheter.

These symptoms continued to the 10th, when they were aggravated by the addition of sickness and vomiting. The muscles of the lower extremity, as well as the *rectum* and bladder, did not recover any power; and, after a state of listlessness and extreme feebleness, with respiration only at eleven in the minute, yet without hiccup or insensibility, death took place on the 14th.

On laying open the spinal *theca*, there was found effused beneath it a considerable quantity of fluid highly tinged with blood, probably chiefly from divided vessels. Along the whole course of the dorsal *vertebra* the *theca* was injected and thickened, especially anteriorly. On dividing the *pia mater*, part of the spinal cord, opposite the tenth, eleventh, and twelfth dorsal *vertebræ* protruded like a *hernia cerebri*, and it was found to be extremely soft, pulpy, and of a homogeneous cream colour. This condition of the cord extended upwards to the second dorsal *vertebra*, and downwards to the second lumbar *vertebra*, diminishing in both directions gradually till it terminated in sound cerebral matter. It was most remarkable in the posterior surface, where all trace of organization was destroyed, but less so at the anterior surface, excepting at the spot opposite to the tenth and eleventh dorsal *vertebræ*, where, when removed from the sheath, it was so unable to sustain its own weight that it fell asunder.

On examining the brain, a considerable quantity of fluid was found effused under the arachnoid membrane, rendering it opaque. The substance of the brain was healthy. The ventricles were slightly distended by serous fluid; and the choroid *plexus* and the *pia mater*, at its junction with that web, were remarkably vascular.

In the chest the right lung was generally adherent. Both were emphysematous in some degree anteriorly and inferiorly, and the superior lobes were highly œdematous, emitting frothy serous fluid in considerable quantity on each incision. The heart was natural in size and structure.

The liver was rather paler and firmer than natural. The other organs were sound. In this case the pulpy destruction of the spinal cord, which gave rise to the paraplegic symptoms, arose spontaneously, so far as could be discovered, or, at least, was unconnected with any disease of the *vertebræ.* The *theca* alone appeared to be in a state of previous chronic inflammation; but this could not have been adequate alone to induce the disease of the spinal cord. The arteries also were sound.

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12. *Case of Myelitic Paraplegia depending upon Disease of the Bodies of the Vertebræ.*—This case is also recorded by Dr. Craigie in the same journal. The subject of it was a widow, Isabella Meldrum, aged fifty-three, following the occupation of a washerwoman. About five or six months before, she had fallen down a flight of stairs, and lighted on her back. This accident attracted little attention at the time. But about the close of January, 1833, she was affected by tingling sensations, with numbness in the limbs, while her general health was enfeebled by dyspeptic symptoms. The tingling sensations continuing, she was attacked, in the course of two weeks more, by severe pains in the epigastric and right lumbar region, with great general feebleness and partial loss of motion and sensation of the lower extremities, beginning first in the feet and toes, and extending upwards. When these symptoms had continued about two weeks, the feet became œdematous and cold; and constipation was followed by involuntary discharge of the feces, while the bladder becoming over-distended, lost its retentive powers. The constant trickling of urine in this manner had produced large sloughs over the *sacrum,* while the application of excessive warmth to the insensible skin of the feet had been followed by several bad sores. In this state she was admitted on the 24th March, with the *abdomen* much distended and tympanitic, sensation almost gone below the epigastric region, the feet and legs œdematous, the temperature rather above natural, the hypogastric region painful, and the urine incessantly trickling from the bladder.

By the frequent use of the catheter, the bladder recovered much of its power, and she was made comparatively comfortable. The bowels were opened by calomel and colocynth, with the aid of occasional enemata; blood was drawn from the region of the spine by means of leeches; powders consisting of supertartrate and nitrate of potass, and carbonate of soda, with aromatic powder, were given to act on the kidneys; a light but nutritious form of diet was directed; and to the sloughs on the back and sores on the feet poultices and the warm dressing, or the resinous ointment, were applied.

Under these measures, I. Meldrum became greatly more comfortable, and recovered some sense and motion of the limbs; the urine became copious; the œdematous swelling of the feet subsided; and the tympanitic sensation of the *abdomen* abated. It was very soon observed, however, by the constant weight and pain in the hypogastric region, with the turbid, clouded, fetid urine, that she was labouring under catarrhal inflammation of the bladder. The thirst continued unquenchable, the tongue dry and brown, the pulse never below 112, and the skin hot and dry; and after lanquishing for two weeks more, notwithstanding the use of appropriate remedies, with such articles of nourishment and wine as she could take, she died on the 25th April.

The following appearances were observed.

At least one ounce of serous fluid was found within the *theca* of the spinal cord. When this was laid completely open, the cord was found pale, and of a dead white colour, and as soft as thick cream, first at a part corresponding to the eleventh and twelfth dorsal *vertebræ,* where it broke down completely, and was void of organization. Upwards from this the cord was softened as far as the seventh cervical, and downwards as far as the second lumbar *vertebra;* and through the whole of this extent it was of the consistence of thick cream of a dead white colour, and without marks of fibrous structure. The eleventh and twelfth dorsal *vertebræ* were on their posterior surface denuded of *periosteum*, and presented a quantity of granular matter, on removing which the *cancelli* were exposed and somewhat softened and carious. The intervertebral cartilage, between the first and second lumbar *vertebræ*, presented a globular excrescence about half an inch in diameter, and one-fourth in elevation. There was another smaller one between the second and third lumbar *vertebræ*. On opening the *thorax*, five of the dorsal *vertebræ* were found covered on the right side by an oblong cyst containing pulpy matter of an atheromatous appearance and consistence. On removing this cyst, the bodies of the *vertebræ* were found deprived of *periosteum*, and their cancellated texture exposed.

The convolutions of the brain were much softened, and a considerable quantity of serous effusion was found in the sub-arachnoid tissue. The substance of the brain was softened, and the ventricles contained some serous fluid.

The upper extremity of the left kidney was closely adherent to the diaphragm and spleen; at the inferior part was an abscess containing tubercular granular matter, which was found on dissection to communicate with the *pelvis*. Several of the *calyces* were enlarged, and contained similar matter. The *ureter* was dilated and thickened, and its mucous membrane inflamed and roughened on the surface.

In the right kidney the *pelvis* was also dilated, and its mucous membrane thick and roughened. The *ureter* was also enlarged and thickened.

The coats of the bladder were much thickened, its mucous membrane of a bluish colour, irregular, and covered with bloody patches. The dimensions of the bladder were much contracted.

This and the preceding case illustrate remarkably a general fact observed in the approach of palsy, especially when it depends on a progressively advancing disease of the central parts of the nervous system. In both, the accession of the symptoms was marked by painful involuntary spasmodic contractions of the flexor muscles. This indicated, not that the nerves of the flexor muscles were most affected, but that those of the extensors were already diseased so far as to have lost all controul over the muscles. In consequence of this, with the disturbed action at the central ends of the nerves generally, the inherent irritability of the flexor muscles gives rise to spasmodic contractions. This phenomenon is not observed when the injury or disease is so great as to extinguish suddenly all sensation and motion, but only when it advances so slowly and progressively as to pass through successive stages to the final result.

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13. *Case of Periostitis with Ozœna.* By David Craigie, M. D.—This case occurred in the person of a woman named Robina Wright, aged twenty-nine, who had been long known as one who, though not exactly a public female, had been subjected to repeated courses of mercury. At a former period, syphilis had produced destruction of the *recto-vaginal septum;* and she subsequently suffered much from the contraction consequent on cicatrization. At present, (19th February,) she applied for admission for symptoms of rheumatism; but the pains mistaken for this disease were evidently the *dolores osteocopi*, or the deep-seated aching pain resulting from inflammation of the *periosteum* of the *tibia* and of both *parietal* bones.

The usual remedies of local depletion and counter-irritation were applied. Opiates were exhibited, and the warm bath was administered; and, had it not been for the epidemic prevalence of *erysipelas* at this time, with the dilapidated state of the patient's constitution, this woman's sufferings might have been alleviated, and the disease retarded in progress.

An obstinate fetid puriform discharge, however, from the nostrils, with some tenderness in the situation of the nose, indicated the existence of inflammation of the *periosteum* of the bones of the face; and the occurrence of *erysipelas*, by aggravating her febrile symptoms, disturbing her sleep, and affecting the brain, very soon brought her to a state in which medical treatment was of little or no avail. After a combination of low delirium with stupor for four or five days, succeeding on the intense swelling of the face, with symptoms of extreme difficulty of respiration, tracheo-bronchial rattling, and incapacity to swallow, she died on the 9th of March, suffocated apparently by the constant accumulation of mucus from the back part of the nostrils upon the *glottis* and *larynx*.

Upon inspecting the body, a great quantity of viscid purulent mucus was found covering the posterior nasal cavities, the posterior *fauces, the glottis, epiglottis,* and *pharynx*. The *periosteum* of the nasal bones, of the upper part of the superior maxillary bones, where they form the floor of the orbit, and that of the superior and inferior spongy bones was completely detached, and came away as if it had been subjected to long maceration or boiling. The *periosteum* of all these bones was very much thickened and extremely vascular; and between it and its respective bones, purulent or sero-purulent fluid was interposed. The bones themselves, instead of presenting the usual bluish colour, were more or less white; and the upper part of the orbitar plate of the left maxillary bone, as well as the inside of both nasal bones, was of a dead white.

The membrane lining the *antra* of both maxillary bones was in like manner very much thickened, and covered with a viscid purulent secretion; and when this was removed, it was found to be granular, villous, and much injected. This membrane also adhered very loosely; and when an incision was made into it, it was found to be detached from the body plate of the *antrum*.

These appearances showed clearly that the inflammation of the *periosteum* had destroyed the connexion between the vessels of that membrane and the surface of the bones, and had thereby first interrupted the nutrition of these bones, and then produced their death, or *necrosis*. There is no doubt, that, eventually having now become foreign bodies, they must have been discharged in this manner from their situation; and there is also equally little doubt that, until this result was consummated, they must have maintained an inflammatory action and suppuration, or a series of actions, interrupted only or alleviated in their severity by the occasional escape of portions of bone of various sizes.

Permission to inspect the head was, from particular circumstances, not obtained. I had an opportunity, however, of inspecting the outer surface of each parietal bone near the tuberosities, to which chiefly the gnawing pains of the head were referred; and there, also, I found the connexion between the *pericranium* and parietal bones completely destroyed on the right side, and very much loosened on the left. The *pericranium* itself was thickened, and contained some serous infiltration. But the parietal bones presented no new deposition or irregularity of their surface. It was, however, though not so white as the bones of the nose and face, less blue than natural, and not completely dead. The anterior surfaces of both *tibiæ* were extremely rough and irregular, with deep longitudinal lines, presenting the worm-eaten appearance described by the older authors. These longitudinal depressions appeared to be formed in the substance of a new osseous deposit. The *periosteum* of these bones was thickened and indurated; but at the period at which I inspected it, it was impossible to say whether it had been preternaturally vascular or not.

This case I regard as particularly valuable for several reasons. It shows, in the *first* place, the true cause of *ozæna*, and the manner in which syphilitic or mercurial caries of the bones of the nose commences. That disease does not originate in the bones, but always begins in the fibro-mucous tissue which covers these bones, and by the vessels of which they are in a great measure nourished. I do not pretend to say whether this morbid action originates from the poison of *syphilis*, or the noxious operation of mercurial medicines; but one thing I know to be certain, from a considerable number of cases that have fallen under my observation, that the frequency of this disease of the *periosteum* is in the direct ratio of the quantity of mercury that has been taken, and the number of times that mercurial courses have been exhibited. The subject of the present case had been repeatedly under the influence of mercurial medicines; and though, like others, she had always derived from them immediate improvement, this was destined to be followed by an invariable aggravation of the periosteal disease.

Omitting, however, these considerations with regard to the cause, this case demonstrates unequivocally the nature of the action. It shows that the first step of the process is inflammation of the fibro-mucous membrane covering the facial bones; and that this inflammation commences most readily in those in which these two membranes are in immediate contact,—for instance, the inner surface of the nasal bones; the superior and inferior spongy bones; and the naso-palatine plate of the superior maxillary bone. The next step is the effect of this inflammation. The overloaded vessels are unable to transmit blood as formerly, into the substance of the bone; they become detached, while they give rise to a new morbid secretion; the bone, in the meantime deprived of its ordinary nutriment, either becomes carious, or is killed outright, and is necessarily, after exciting much irritation, expelled as a foreign body.

This representation I have derived, not from the case of this woman alone, but from several similar ones in which I have had occasion to observe the same train of phenomena.

In the *second* place, it is worthy of observation, that periosteal inflammation produces two different effects,—one a detachment of *periosteum*, with death of the bone; the other a deposition of new bone, rendering the surface rough and irregular. The former action appears to be much more violent than the latter; and while the case of this patient presented both varieties of the action, the former in the parietal and facial bones, and the latter in both *tibiæ*, it was the former chiefly that produced with the *erysipelas* the fatal termination of the disease.—*Ed. Med. and Surg. Journ. January*, 1834.

14. *Meningeal Apoplexy.*—M. Alégre has communicated to the Anatomical Society of Paris an example of this in a female, seventy-one years of age, who died suddenly. A clot of the size of an almond was found beneath the cerebral protuberance, between the nervous substance and the pia mater, and communicating by traces of coagulated blood to numerous small surrounding coagulæ, also situated beneath the pia mater. The most minute researches in the cerebral substance could not detect any lesions from which this blood could have come. This form of apoplexy so frequent according to M. Cruveilhier in new-born children, is rare in adults.—*Rev. Méd. February and July*, 1833.

15. *Apoplexy of the Spinal Marrow.*—M. Monod has communicated an instance of this rare affection, to the Anatomical Society of Paris. In this case there was found near the origin of the inferior dorsal nerves, a sanguineous effusion in the central gray substance, to the extent of two inches and a half. This effusion had commenced on the right side, and extended to the left. The blood had diffused itself from its source along the central gray substance of the right side, as far as the second dorsal pair of nerves. The symptoms were remarkable; the first consisted in pain at the seat of the effusion; which pain extended corresponding to the effusion along the spinal column; it also extended to the loins, along the nerves which arise from the seat of the apoplexy. The second symptom was paralysis of motion in the corresponding limb; but a singular phenomenon, and which the cadaveric lesion did not explain, is the loss of sensibility of the left side. The symptoms came on gradually, and not suddenly as in cerebral apoplexies.—*Rev. Méd. February*, 1833.

16. *Case of Melæna with the Dissection.* By David Craigie, M. D. &c.—This case occurred in the person of George Craig, a man, thirty-five years of age, sanguine and plethoric in appearance. This man, who had been at one time a soldier, but now pursued the occupation of a tailor, had been for many years past addicted to incurable and uninterrupted habits of dram-drinking; and all the money which he was enabled to procure was spent in indulging this craving for liquor. For two weeks previous to his application at the hospital,

he had complained of a painful sense of weight and distention all over the *abdomen*, but referred more particularly to the umbilical region, and the upper margin of the hypogastric. This was accompanied with sensations of dullness, head-ache, impaired appetite, occasional squeamishness, much thirst, and general feebleness. The head-ache subsided on the 2d or 3d day; and the only symptom which continued obstinately was the faint squeamishness and the painful sense of tension and weight, which was at admission referred to the epigastric, umbilical, and upper part of the hypogastric regions, with the occasional sickness, but without vomiting, tenderness, or tension. The tongue was white and moist; the bowels were reported regular; the pulse was natural, from 70 to 80; and the skin of moderate warmth.

Two colocynth pills and three ounces of infusion of senna had the effect of moving the bowels freely but gently, cleansing the tongue, and abating the abdominal pain very much; and on the 14th he had no complaint except squeamishness. As the pulse and cutaneous heat were natural, all medicine was omitted; and he was left to the effect of the fever diet and time.

He continued easy and without complaint, except a little sickness, till about eight in the evening, when he began to feel a sense of weight in the belly, which continued till half-past ten. At this time an urgent call to stool was followed by a copious gush of pure blood from the *rectum*, which was repeated at different times in the course of one hour and a half, till it amounted to five or six pounds. At 12, an opiate enema was administered; and after this no more blood was discharged; but he continued in a very faint and languid state for about three hours, and expired at three on the morning of the 15th.

The blood discharged from the intestines when examined next day consisted of dark-coloured fluid blood mixed with large clotted masses.

On laying opent he cavity of the *abdomen*, the peritoneal surface of the intestines was deeply stained of a dark pink-red colour, in some points lighter, in others more intense, but particularly so long the whole course of the *ileum*.

In the cavity of the stomach there were found two pounds of blood, chiefly dark-coloured, partly clotted and grumous, partly semifluid. When this was removed the mucous membrane was observed to be deeply tinged with red blood, and the membrane was itself thickened and injected, but not softened. The mucous membrane of the *œsophagus* was perfectly pale and blanched. On holding up the mucous membrane to the light, the large vessels were seen much loaded, and the substance of the membrane itself deeply tinged, and the small vessels distributed through it. Upon the most careful examination of the membrane, no blood was found issuing from any particular aperture.

The mucous coat of the *duodenum* was in like manner coloured deep red, and the glands were somewhat more distinct than natural. The whole mucous membrane of the *jejunum* and *ileum* was in like manner deeply tinged with red blood. Fully three pounds of blood, partly fluid, were found chiefly towards the lower part of the *ileum;* and when this was removed, and the mucous membrane carefully washed, it still presented a very deep coloration, its vessels much injected, and the *villi* much erected and covered with a thin pasty layer, which was also tinged red. On the most careful examination of the whole membrane, no aperture could be discovered, but merely a general oozing from the membrane. Previous to removing this substance, the superior mesenteric artery was exposed, and a quantity of water forcibly injected, but without detecting any open or ruptured aperture, the water escaping only from the surface of the membrane by numerous minute vessels. The intestinal glands, both solitary and agminated, were perfectly healthy. A small quantity of clotted blood was found in different parts of the colon, but its mucous membrane was healthy.

The liver was perfectly healthy.

The spleen was very much softened, and of a deep colour, like masses of coagulated blood.

Head.—The membranes and surface of the brain were more injected than natural, and its substance presented numerous dark red streaks. The ventricles were also dilated, and contained a small quantity of serum. A good deal of serous fluid was found in the subarachnoid tissue at the base of the brain.

The lungs were perfectly sound.

The heart was free from disease, and its valves perfectly healthy. But the beginning of the *aorta*, between the semilunar valves and the arch, was much elevated and irregular, from steatomatous matter deposited in tubercular masses, and especially around the origin of the large vessels; and a large crimson-red patch was found on the arch under the *tunica intima*.

The right kidney was deeply injected, but healthy; the left presenting some disease of the granular matter.

These appearances show clearly that the intestinal hæmorrhage which had proved the cause of the death of this man did not proceed from any single vessel, or two or three vessels, which had been eroded, perforated, or ruptured, as might have been imagined, but that it issued from the vessels of the entire mucous surface of the *duodenum*, *ileum*, and perhaps also from those of the stomach, previously thrown into an injected and congested condition, and then undergoing disorganization at their extremities, as in *melæna*, yellow fever, and similar states of the gastro-enteritic membrane. I afterwards learned from a respectable man, who was in the habit of employing Craig, that he was a habitual dram-drinker,—that all the money which he earned was spent in the purchase of spirits,—and that, after he had received a few shillings for his work, he was in the habit of spending it all by sixpences in drinking, so that he was often days without food, or taking any thing but the deleterious liquor to which he was so much attached; and that, previous to the illness which proved fatal, he had spent several days in this pernicious course.—*Edin. Med. and Surg. Journ. Jan.* 1834.

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17. *On the Pendulous Tumour of the External Ear.* By Dr. A. Campbell.—At the meeting on the 2d March, 1833, a letter from Dr. Campbell was read, containing an account of the pendulous tumour of the external ear, which is a very frequent disease among the natives of the valley of Nipal; and often observed to occur in the same individuals who are affected with goitre. Two tumours were sent by Dr. Campbell to the Society's Museum; they had grown from the helices of the ears of a woman, and drew down and doubled the ear over the external meatus auditorius, so as greatly to obstruct hearing. The surfaces of the tumours were uneven, and their feel fleshy, but firm; their internal structure is described as resembling that of mammary sarcoma. They were removed by simple incision with a scalpel, and weighed together twenty-four ounces. The wounds soon healed, and the ears resumed their natural position. The patient from whom these tumours were taken, is affected with a large bronchocele; her eldest daughter, aged nine years, has a tumour the size of a walnut, attached to each external ear, and another daughter, aged six years, has a goitre of three years growth, which is as large as an orange. In the same communication the author states, that bronchocele very often occurs in animals in Nipal, lambs and kids being often born with remarkable morbid development of the thyroid gland; some preparations of these diseases were also sent, as well as a steatomatous tumour, the size of a small orange, which was removed from the sheath of the penis of a dog; this animal was taken to Nipal from the plains of Bengal in March, 1832, and in July the disease was observed and removed.—*Trans. of Med. and Phys. Soc. of Calcutta, Vol. VI.*, 1833.

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18. *Swelled Leg resembling Phlegmasia Dolens, and Obliteration of the Iliac Vein.* By J. C. Boswell, Esq.—On the 8th February, 1832, an emaciated Chinese pauper was brought before the Police at Penang, and from the circumstance of his not speaking, he was supposed to be insane; however, on examination, it appeared that the man was unable to speak in consequence of the extremely low and miserable state to which he was reduced. Besides the great

general debility, there was an uniform swelling of the left lower extremity, extending from the toes to the groin. The limb was nearly three times the size of the other; it was cool, œdematous, and it pitted on pressure, but was rather elastic, and of much lighter colour than the opposite limb; the glands in the groin were not swollen. As only one limb was affected, the disease was not considered common œdema. The patient died on the third day after he was first brought under observation. On post mortem inspection, the cellular structure of the limb was found loaded with serum. The femoral vein was turgid with coagulated blood; the middle portion of the iliac vein appeared constricted, as if compressed by a ligature, and there were several enlarged and indurated absorbent glands near that part, from whence upwards the cavity of the vein was filled with laminæ of firm coagula, the extremity of which extended across the lower part of the vena cava, above an inch into the right iliac vein, but there was no sign of disease in the vessels of the right side. The mesenteric as well as the bronchial glands were much enlarged and indurated; and there were extensive marks of chronic disease in the lungs.—*Ibid.*

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19. *Case of Engorgement of the Occipital and Vertebral Ligaments—Palsy and Atrophy of the left half of the Tongue.*—A man, aged 30, whose employment it is important to notice, as it materially influenced the development of his disorder, was received in this hospital in the course of last year. He was a lace-weaver, and was accordingly obliged to work in cellars and on cold and damp ground floors. Persons of this trade are very subject to rheumatic affections, and swellings of the ligaments of the joints. Three years ago, this man was seized with a very sharp pain of the left and back part of the head, which totally impeded him from moving the parts, and deprived him of sleep. In the course of five or six days they changed their position, and settled in the left side of the upper part of the neck. The pains were not now so violent, but motion of the head was still impossible. Lateral flexion of the head, it is true, was partly performed by the totality of the cervical column; and the head could, moreover, be slightly bent forward and backward by the same means. The seat of the malady was evidently in the vertebræ themselves, if it was not in the muscles—a supposition which, as we shall see, was inadmissible.

The next peculiarity observable in this case was, a difficulty of speaking; at first inconsiderable, but increasing gradually to such an extent, that, at the end of two months, the patient could not be understood. He said that the air passed by the left side of his tongue with a whistling sound, and when he wanted to say *je*, he could only utter *ze*. There were some pains at the angle of the jaw and in the cheek of the left side; but there was no paralysis of the muscle in that quarter.

Another symptom now became remarkable. The tongue began to diminish in bulk on the left side, and the diminution soon amounted to a perfect atrophy. The organ at this part appeared to be formed of nothing more than membranous folds, which could be rubbed together without feeling in any degree muscular: it felt like an empty leather purse. When the tongue was put out, its right side seemed sound enough; and the atrophy of the left, which was most visible at the end and middle portion, was inconsiderable at the base. The right side even seemed to enjoy a more than usual degree of strength and activity, as is observable in other parts of the body when the corresponding parts are paralyzed. There was a curvature to the right side when the tongue was thrust out. It was only in the first months that articulation was difficult or impossible: when examined at the hospital, he could speak as well as if there had been no atrophy. This must have been the result of practice; for it is known that speech can be effected by this means with half a tongue, nay with a less portion, a third, a fourth part, and even with a stump that is scarcely visible.

I was anxious to find what changes had occurred in the sense of taste; and with this view I made four watery solutions of sugar, sulphate of quinine, common salt, and an acid. I tried them first on the healthy subject: some of the pupils submitted to the experiment. Keeping the tongue motionless, a few drops of these solutions were applied to the tip—there was no taste perceived; they were applied then successively to the middle and to the base, when the different flavours were perfectly distinguished. Trying the same experiments on the patient, it was found that there was no sense of taste at the tip of the atrophied side; but in the middle portion, and according as the base was approached, the more acute and perfect was the sense. Thus it appeared, that though the muscles were gone, the sense of taste remained in all its perfection—a remark of very great importance.

By considering next, what nerves are distributed to these muscles, we were still further able to form an opinion of the seat of the disorder, and the cause of the atrophy. The nerves of the tongue are the lingual, the glosso-pharyngeal, and the hypoglossal; the lingual being distributed to the nervous papillæ of the surface; the glosso-pharyngeal to the back part and lateral portions of the pharynx: the first is subservient to the taste, the second to the motions of the organ. Now the sense of taste being unimpaired, the lingual nerve was safe; and if there had been an alteration in the glosso-pharyngeal nerve, the functions of the pharynx would have been impaired, and the base of the tongue would have suffered more or less from the atrophy. The nerve of the ninth pair, the great hypoglossal, then remains; and it is worth while considering the origin and distribution of this important agent. It arises from filaments in the furrow situated between the corpora olivaria and pyramidalia, on the sides of the medulla oblongata, and issues from the skull by the anterior condyloid foramen, at the internal and posterior side of the foramen lacerum. The eighth pair, in like manner, passes through at the same place; but it does not appear to have been involved in this malady, for the functions of the stomach and alimentary canal remained unimpaired. The nerve of the ninth pair receives and gives off numerous branches: some of these are distributed to the muscles inserted in the hyoid bone; others supply the middle cervical plexus; and accordingly, in the present case, the left side of the neck seems to have been not so well supplied as the right. This nerve, in fine, which is the true mover of the tongue, is terminated every where in muscular parts. So much then being premised relative to the different functions of the nerves of the tongue, we shall now consider briefly whether the atrophy depended on the brain or the nerve.

The acute pains felt by the patient at the commencement of his disorder were simply external or superficial: there was no disturbance of the intellectual functions all along; nor of the locomotive functions: there has been no palsy in parts supplied by cerebral nerves. Nor does the medulla oblongata appear to be the origin of the affection, for there have been no troublesome symptoms in parts supplied from that quarter. Nor, finally, for the same reason, can the spinal marrow be supposed the source of the malady.

Taken in every point of view, the disorder in this case appears to me to result from a lesion of the nerve of the ninth pair, not within the skull, but after its departure from that cavity. This opinion seems borne out by the lesion of the occipito-vertebral articulation. The inability to execute movements of the head seems to point out some affection existing between the vertebræ, the cause of which is probably rheumatism, and the seat the ligaments. The disorder began on the left side: it descended to the neck on the same side; the *point de depart* is then between the occipital and the first vertebra, and perhaps even extending to between the first and second.

Diseases of this kind are by no means rare. There are in the collections of the Ecole and the Museum of Comparative Anatomy, ten or twelve cases of stiffness, with or without luxation, of the first vertebra with the condyles of the occipital. Thus, in the present case, there was inflammatory engorgement, acute or chronic, of the ligaments uniting the vertebræ and the occipital: and as the nerve of the ninth pair passes out by the foramen in front of the occipital condyle, this nerve must have been either compressed, or altered in its tissue at the point of exit; it must then have become atrophied, and hence the paralysis and atrophy of the left part of the tongue.

The treatment in this case was energetic; for, as the disorder appeared to vanish from the left side, it was found to have some tendency to migrate to the right—the patient beginning to complain of similar, though slighter symptoms on that side. Cupping was freely practised and frequently repeated behind the mastoid processes, and moxas were afterwards employed. The results were satisfactory. I have only to add, that this case of palsy and atrophy of half the tongue appears to me to be a very important one: I have never met with another example of it; and I am not aware that other physicians have given an account of any similar complaint.—*Dupuytren's Clinical Lectures.*

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20. *Remarks on Local Diseases—Pathology of the Diseases of the Digestive System.* By William Stokes, M. D. Extracted from a lecture on the Theory and Practice of Medicine, delivered at the Medical School, Park street, Dublin. Session 1833–4.—Gentlemen, I commence with the digestive system. I am anxious to do this for several reasons, but for none more than this—that to the improvements made in the pathology of the digestive system we owe much of the rapid advancement of modern practical medicine. Before our time the pathology of the digestive system was very little known, and if not quite a *terra incognita* in medicine, there existed respecting it a great deal of misconception. The schools were deeply tinctured with the doctrines of the Humoralists and the Brownists; and this had the effect of giving rise to irrational theories and false notions of the true state of the system in disease. The humoral pathologists, who sought for disease in an alteration of the fluids alone, neglected the study of visceral lesions; and when they turned their attention to the digestive system, they only considered it, its secretions, and not its actual condition or the state of its sympathies. The liver, with them, was an organ of the highest importance, and the secretion of bile claimed a vast share of their attention. To it they gave a paramount influence, and to an alteration in its quantity and quality they attributed most of the changes which occur, not only in the digestive tube, but also in the whole system; and hence the great object of their practice was to attempt to restore its healthy condition, convinced that if this were once accomplished, every thing would go on favourably. From this too, arose the purgative plan of treatment in various forms of intestinal disease, a plan too often rashly pursued, even where there was unequivocal proof of inflammation in the digestive tube. Their sole purpose was to evacuate sordes, to produce a flow of healthy bile, and to eliminate depraved secretions; and they did this without possessing any knowledge of local inflammation, or of the effects of disease of the digestive system on other organs. The followers of Brown, on the other hand, only admitted disease of the digestive system in a state of intense, manifest violence, as for instance, ileus, or violent enteritis; but in the great majority of cases, they did not recognise intestinal inflammations, because their prominent symptom was prostration, or to use their own terms, an asthenic condition of the whole system. They saw nothing but prostration; they prescribed for nothing but debility; they gave wine instead of iced water; ordered bark instead of local depletion. They exasperated the disease by stimulants; and then, thinking they had not gone far enough, they heightened the stimulant and doubled the debility.

Another cause of the low state of pathology in former times was the general neglect of dissection. The fact is, that in fever there were no post mortem examinations made, until very lately. Morgagni, who did so much for pathological anatomy on almost every other subject, did little for fever, because he was afraid to dissect the bodies of persons who had died of a contagious disease. This was the idea which prevailed among the older pathologists; and hence this source of knowledge was avoided, and for many successive centuries the state of the viscera in fever was a matter of speculation, doubt, and uncertainty. Even at the present day it is only done by the ardent pathologist, who cares not about filth and stench, and who had rather encounter the miasm of contagion than remain in the mists of error. Nothing is more common, I regret to say, even at the present time, than this:—A person says he has dissected cases of fever, and when asked whether he had examined the intestinal canal, he says that the intestines appeared healthy, but he did not make any particular inspection of them; he only opened the belly, and, finding no trace of inflammation in the peritoneum, he went no further. Now nothing can be more useless than such an examination. If we compare the information afforded by an inspection of the serous membranes of the three great cavities, we shall find that the least is given by an examination of that of the abdomen. Disease of the substance of the brain is rare without affections of its investing membrane, disease of the substance of the lung is exceedingly rare without the occurrence of disease of the pleura, but you may have most extensive and fatal disease of the intestinal canal without the slightest lesion of the peritoneum. In this point, therefore, it differs from the pleura, and from the arachnoid membrane. The fact of the rarity of disease of the peritoneum in cases of disease affecting the parts beneath, was noticed by Dr. Graves and myself, in our report of the Meath Hospital, and also by Mr. Annesley, in his account of the diseases of India. You will see cases of hepatic abscess, which present a distinct tumour externally, and where you can detect a perceptible fluctuation; and yet, if you examine these cases after death, you may not find any adhesions of the peritoneum, even in the situation of the abscess. You will find the mucous and muscular coats of the colon extensively destroyed, you will see the stomach all but perforated, you will meet with cases where the whole ileum is one extensive sheet of ulcerations, with no disease in the adjacent peritoneum.

In entering on the consideration of diseases of the digestive system, we shall begin first with the mucous expansion of the stomach and intestines, and then proceed to the affections of the solid viscera connected with them. The mucous surface of the stomach and intestines is of enormous extent and extraordinary sensibility, possessed of innumerable and powerful sympathies; its influence is felt by almost every organ in the body, formed for receiving and elaborating every thing destined for nutrition; its conditions, both in health and disease, are entitled to the deepest and most attentive consideration. To facilitate the study of its affections, and for the sake of some practical arrangement, we shall divide its diseases into five classes, beginning with the œsophagus, or that portion of the digestive tube which is above the diaphragm, and then proceeding to the stomach, duodenum, ileum, colon, and rectum. But in order to give you a clear idea of diseases of the intestinal canal, I shall commence with diseases of the stomach; because, if you consider the whole range of animal life, you will find that its functions are the most important, the stomach constituting, as it were, the source and fountain of life, which is nutrition, and giving by its existence a character to all the upper classes of animals. No organ possesses such remarkable sympathies as the stomach, whether we look upon them as sympathies of organic or of animal life, none possesses such remarkable power and influence in modifying the conditions of every part of the system. But, putting aside physiological reasons, let us come to practical matters. The success of almost every form of medical treatment, all the advantages to be derived from the administration of internal medicine depend upon the stomach; in fact, in whatever point of view we consider it, we must look upon a knowledge of the state of the stomach as the great key to sound and successful practice.

It is a most useful reflection to consider the extraordinary frequency of disease in some portion of the digestive tube. It is now admitted by every person possessed of experience in the causes of mortality, that more human beings die with acute or chronic diseases of the digestive tube than with diseases of any other part of the system. This has been established by numerous investigations, and is admitted by the best pathologists; and, indeed, I think it can be easily accounted for, when we call to mind how many persons die of some form of fever or other, when we look to the ravages of remittent and yellow fever, to the hundreds of thousands who annually perish by the various classes of fevers. Now in almost every one of these cases, disease of the digestive system forms one of the most prominent pathological characters. Recollect, besides, all that die of dysentery, whether sporadic or simple, and here is inflammation of the colon; see too, how may die with diarrhœa,—here too, there is intestinal disease; remember how many die of the malignant intermittent of the West Indies, in which unequivocal proofs of disease of the stomach and intestines have been found. Observe what a close connexion there is between tabes mesenterica, and inflammation of the mucous membrane and surface of the intestines; think what a vast number of persons fall victims to the harassing effects of constipation and dyspepsia; and recollect that there is a host of diseases in which the train of morbid phenomena commences in the digestive system, and then exhibits itself by functional alteration or organic disease of other parts.

Gentlemen, we recognise the presence of disease in the digestive tube, first by the local phenomena and the lesion of the digestive function, and next by the sympathetic relations of other parts, by the sympathies of the respiratory system, of the circulation of the skin and of the nervous system. I shall enumerate the local phenomena and functional lesions: vomiting, anorexia, thirst, jaundice, pain, tenderness on pressure, tympanitis, changes in the character and quality of the discharges, constipation. Here are a set of functional lesions and local phenomena, let us now consider the sympathetic relations; these are fever, heat of skin, suppression of the cutaneous secretion, suppression of the secretion of urine, morbid states of the tongue and pulse, pains in the chest and cough, hurried breathing, and palpitations of the heart. In the next place, we may have prostration of strength, delirium, coma, convulsions, tetanic spasms, and other symptoms of functional disease of the brain; these are all sympathies of relation. Now, in the first place, I have to remark, that there is a great deal of variety in the combination of these symptoms. On what does this depend? on a variety of circumstances; sometimes on the intensity or extent of the inflammation; sometimes on the situation of the disease; sometimes on the complication of the affection; sometimes on the various modes and degrees of susceptibility of the individual. All these causes tend to produce a great variety in the disease, and an extensive modification of the sympathetic relations. For instance, in some cases, inflammation of the stomach and intestines is so slight that the patient is not prevented from going about and pursuing his ordinary avocations; in others, on the contrary, the patients are struck down at once by the violence of the disease, and are carried off by the fever which accompanies it before the inflammation is completely developed. It varies also according to situation; there is a difference between gastritis and dysentery, in the former we have an inactive state of the great intestine, and consequent constipation in the latter, the colon is thrown into violent action, and there are frequent dejections. Disease of the duodenum is attended with a very remarkable peculiarity, being very frequently complicated with jaundice; here is a modification produced by situation. Again, inflammation of the ileum is attended with a very curious peculiarity, namely, the absence of pain. The patient states, that he feels unwell, he has obscure symptoms of intestinal disease, but it is neither dysentery nor gastritis; you investigate it with care and find that the ileum is in a state of inflammation. Yet the patient does not complain of any pain, and this is another peculiarity depending on situation.

But in considering the differences which depend upon intensity, extent, and situation of disease of the intestinal canal, we must not omit those which depend upon tissue. If disease be confined to the mucous membrane of the intestines alone, we may have an extremely diffused and extensive inflammation sufficient to destroy life, without any pain being complained of by the patient, it is a painless though fatal disease. Recollect this, extensive and fatal inflammation without pain. In former times the ideas of pain and inflammation were inseparable. Thanks to the light which pathology has shed upon modern medical science we are now acquainted with this seeming anomaly, and can conceive the existence of extensive disease of mucous surfaces unaccompanied by pain. But let the inflammation seize on the muscular tissue, the character of the disease is instantly changed, and the pain is dreadful. Here is a case in which difference of tissue is to be taken into consideration.

The phenomena and sympathetic relations of intestinal disease may vary also according to its complication, and here we come to investigate one of the most beautiful laws of the human economy, namely, that the more complicated a disease is the more latent will be any local lesion. This is a point that should never be forgotten. For instance, enteritis by itself is much more easily recognised than when complicated with pneumonia, or with irritation of the brain, and gastritis is but too often completely masked by being combined with irritation of the bronchial mucous membrane. Lastly, we have the varieties which depend on different degrees of susceptibility. In one person we may have only slight cerebral irritation, in another high excitement, in a third delirium and extraordinary convulsions. The variety, then, in the modifications of disease, and the combination of sympathies is very great, and is referable to the extent and the intensity of the inflammation, difference of situation, complication of disease, difference of tissue, and different degrees of susceptibility. I shall give examples of these at my next lecture, and then proceed to the pathology and treatment of gastritis.—*Lond. Med. and Surg. Journ. January 4th*, 1834.

MATERIA MEDICA.

21. *Formulæ for Preparations of Hydriodate of Iron.*—M. Pierquin who has successfully employed the hydriodate of iron in amenorrhœa and leucorrhœa, has published in a recent No. of the *Bull. Gen. et Therap.* the following formulæ:—

1st. For pastilles. ℞. Hydrod. ferri, ʒj.; pulv. croc. sativ. ʒiv.; sacch. alb. ℥viij. M. fit. 240 pastilles. 8 or 10 grains to be given daily, and the dose gradually increased.

2d. Tincture. ℞. Hydrod. ferri, ʒij.; alcohol, aq. puræ. āā. ℥ij. M. A tea-spoonful night and morning for an adult.

3d. Enemata, injections and lotions. ℞. Hydrod. ferri, ʒiv.; aq. puræ. ℔ij. M.

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22. *Ointment for the Cure of Porrigo.*—M. Biett considers the following as one of the most powerful agents for the cure of porrigo:—℞. Ioduret. sulph. ℈j. to ʒss.; axung. ℥j. M. A drachm is usually employed at each friction.—*Bulletin Gén. de Therapeutique, Tom. IV.*, 1833.

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23. M. Aubergier's *Pomatum for Preventing the Hairs from Falling Out.*—℞. Prepared marrow of beef, ʒvj.; sweet almond oil, ʒij.; red Peruvian bark, ʒj. The powdered bark is to be moistened with a small portion of the almond oil, and the remainder then added; when the mixture is made, the marrow is to be melted at a moderate heat, and gradually added to the preceding ingredients in a mortar, and rubbed together until cold. It is asserted to have never failed in preserving the hair.—*Ibid.*

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24. *Improved Method of Administering Epsom Salt.*—Dr. James Henry, of Dublin, recommends the sulphate of magnesia given according to the following formula as an agreeable, safe and efficacious purgative. Saturate any quantity of cold water with sulphate of magnesia; filter through paper, and add to every seven ounces of the solution one ounce of the *dilute* sulphuric acid of the Dublin or Edinburgh pharmacopœias.